



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

October 30, 2013

Albert Robles
Cheers At All Corked Up
26340 Diamond Place #100
Santa Clarita, CA 91350

HEARING ON APPLICATION FOR ENTERTAINMENT-GENERAL/SC **BUSINESS LICENSE ID #139265**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, November 13, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....10/17/2013

2ND PUBLISHING DATE:.....10/24/2013

3RD PUBLISHING DATE:.....10/31/2013

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

ENTERTAINMENT-GENERAL /SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....26340 DIAMOND PL #100
SANTA CLARITA, CA 91350
NAME OF APPLICANT:.....CHEERS AT ALL CORKED UP
ALBERT ROBLES
CHEERS AT ALL CORKED UP
DATE OF HEARING:.....11/13/2013
TIME OF HEARING:.....09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$2,332.00

ID # 139265

BUSINESS INFORMATION

Type of Business: Public Eating & Entertainment w/Dance	Address of Business: 26340 Diamond Pl #100 SC1a 91350	
DBA (Business Name): CHEERS AT ALL CORKED UP.	Business Telephone: 661 259-2000	
	Mailing Address: SAME.	
Sellers Permit # (State Board of Equalization): AR 102-194237		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: Feb 2012	Incorporated in the State of: CALIF.	
Exact Corporate Name: CHEER AT ALL CORKED UP.		
Names of Officers	Addresses	Titles
ALBERT ROBLES		OWNER (PRES)

APPLICANT INFORMATION

Applicant's Full Name: ALBERT ROBLES		
Home Address:		
Home Telephone:	Cell Phone:	Email address: AL@UNIVERSITYTAX.NET
Social Security #:	Date of Birth:	PI - of Birth:
Driver's License or State ID#: _____ Expiration Date: _____		
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 3/12/12 Applicant's Signature:

Application taken by: Date: 3-12-12



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: ENTERTAINMENT-GENERAL /SC

ADDRESS OF BUSINESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

TELEPHONE: (661) 259-2000

OWNER OF BUSINESS: ALBERT ROBLES

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CHEERS AT ALL CORKED UP

MAILING ADDRESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	03/21/12	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	05/09/12	dmiles
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	03/26/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	03/16/12	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	10/17/13	ssalgado
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	09/10/13	dmiles

Conditions:

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GENERAL /SC

ADDRESS OF BUSINESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

TELEPHONE: (661) 259-2000

OWNER OF BUSINESS: ALBERT ROBLES

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CHEERS AT ALL CORKED UP

MAILING ADDRESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
SANTA CLARITA**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3/15/2012

May-08-2012 12:57pm

From-LACOFD FIRE MARSHAL

3238804055

T-993

P.010/014

F-519

T-918

P.002/013

F-377

107

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ENTERTAINMENT-GENERAL /SC

ADDRESS OF BUSINESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

TELEPHONE: (661) 259-2000

OWNER OF BUSINESS: ALBERT ROBLES

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CHEERS AT ALL CORKED UP

MAILING ADDRESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE

P.S. #104

DATE:

5/7/12

BASIC LICENSE NO. 8352

DATE 03/13/12

IDENTIFICATION NUMBER 139265

NRSC

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ~~ENTERTAINMENT GENERAL~~/SC

ADDRESS OF BUSINESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

TELEPHONE: (661) 259-2000

OWNER OF BUSINESS: ALBERT ROBLES

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CHEERS AT ALL CORKED UP

MAILING ADDRESS: 26340 DIAMOND PL 100, SANTA CLARITA, CA 91350

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

3-26-13

BASIC LICENSE NO. 8352

DATE 03/13/12

IDENTIFICATION NUMBER 139265

ZONING REFERRAL

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

I.D. #: 139265

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355

DATE: 2-8-12

TYPE OF BUSINESS(ES) Public Eating
Entertainment w/o Dance

ADDRESS OF BUSINESS 26340 Diamond Pl #100

CITY Santa Clarita Ca ZIP CODE 91350

NAME OF OWNER Cheers At All Corked up, LLC

"DBA" Cheers At All Corked up TEL. #: 661-259-2000

MAILING ADDRESS 26340 Diamond Place #100
Santa Clarita, CA 91350

EXISTING USE YES (X) NO ()

USE PERMITTED IN ZONE Approved USE NOT PERMITTED IN ZONE
"APPROVED" "DENIED"

REMARKS

SIGNATURE OF ZONING OFFICER

2/8/12
DATE

V

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

Veronica
912-003715

KIND OF BUSINESS: **ENTERTAINMENT-GENERAL /SC**

ADDRESS OF BUSINESS: **26340 DIAMOND PL 100, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 259-2000**

OWNER OF BUSINESS: **ALBERT ROBLES**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CHEERS AT ALL CORKED UP**

MAILING ADDRESS: ~~**26340 DIAMOND PL 100, SANTA CLARITA, CA 91350**~~

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

Approved

SIGNATURE: *Wp 536470*

DATE: *3/21/12*

BASIC LICENSE NO. **8352**

DATE **03/13/12** *Arch*

IDENTIFICATION NUMBER **139265**

Arch. 3/19/12